Substance Use/Homeless Rehabilitation Emphasis Area Training

The Substance Use/Homeless Rehabilitation emphasis area includes training opportunities in both outpatient and residential settings (see Settings section below for further details). During the fellowship year, the expected competencies to be acquired will closely follow the VA/DoD Clinical Practice Guidelines for Substance Abuse Treatment (developed with the Substance Abuse and Mental Health Services Administration and the Center for Substance Abuse Treatment). These specific competencies include addiction-focused psychosocial therapy, brief motivational enhancement strategies, short-term individual psychotherapy, group therapy, milieu therapy, consultation skills, liaison skills, assessment of specific patient populations (e.g., dually diagnosed patients, SMI patients, homeless patients), and behavioral modification techniques. These competencies form the basis of the fellowship program emphasis area goals and objectives.

The Substance Use/Homeless Rehabilitation Fellow will spend 60% time in clinical service, 20% time in research, and 20% time attending didactics and providing teaching and supervision. A Psychology Preceptor will be assigned at the beginning of each training year. The Fellow and his/her preceptor will determine which training sites, additional rotations, and research tasks the Fellow will pursue, based on an assessment of the competencies the Fellow has already acquired and the competencies in which he/she has not yet had experience. It is expected that some of the time (in clinical service, research, or provision of supervision) will provide greater depth of experience in a competency area (or areas) in which the Fellow has particular interest.

The Fellow will participate in interprofessional team meetings, attend and deliver in-service presentations, and actively engage in team treatment planning and case management. At least 20% of the Fellow's time will be dedicated to research and/or program evaluation. Current projects include but are not limited to the following: Implementation of brief motivational techniques by paraprofessionals, telemental health continuing care for substance abuse treatment, biofeedback and emotional management techniques in relapse prevention, as well as program evaluation and quality improvement projects at each training site.

In this emphasis area, **outpatient treatment training** will occur in the Addiction Consultation & Treatment (ACT) team, which provides assessment and diagnosis of patients with substance use disorders (SUD), screening and triage to varying levels of care (e.g., brief therapy, intensive outpatient, residential treatment), addiction-focused pharmacotherapy, intensive case management, and outpatient individual and group treatment for patients with SUD; or in the San Jose Clinic MASTRY (Motivation and Skills to Recover Yourself) program, an integrated substance use and mental health treatment outpatient program. The **residential treatment training** will occur in one of three residential rehabilitation programs: Foundation of Recovery Program (28-day Substance Abuse Treatment Program with 18 beds), First Step Program (90-day Substance Abuse Treatment Program with 30 beds), and the Homeless Veterans Rehabilitation Program (a 180-day National Center of Excellence in the treatment of homelessness with 70 beds, described in more detail below). The residential programs all provide 1) CBT-based milieu treatment including community meetings; 2) Small group therapy; 3) Case management; 4) Psychoeducational skills-building classes (e.g., relapse prevention, 12-Step Facilitation, communication, Skills Training in Affective and Interpersonal Relationships (STAIR)); 5) Recreational and leisure activities; and 6) Weekly aftercare outpatient groups. Another optional training opportunity is offered through the Veterans Justice Outreach Program (see below). Finally, the Fellow will also have the opportunity to work with researchers in the HSR&D Center for Health Care Evaluation (described in more detail below) on new or ongoing research relevant to the emphasis area and the fellow's clinical and research interests.

The individualized **training plan** for the Substance Use/Homeless Rehabilitation Fellow will be developed with the assistance of a Primary Preceptor who will help plan the fellow's over-all program, ensure sufficient depth and breadth of experience, and plan which of the Substance Use/Homeless Rehabilitation faculty will serve as supervisors during the fellowship year. The Training plan will specify in which of the many possible training venues the Fellow will have comprehensive rotations with options of mini-rotations. The aim is to ensure attainment of general clinical competencies as well as to provide experience in each of the emphasis area-specific competencies.

Reviewed by: Sarah Metz, Psy.D.; Jeanette Hsu, Ph.D.
Date: 07/10/2015; 10/9/15

Rotation Sites:

Addiction Consultation & Treatment (ACT), Addiction Treatment Services (520, PAD)

Supervisor: Sean Boileau, Ph.D.

1. Patient population:

Male and female veterans seeking assessment and treatment for substance use disorders. The majority of the veterans receiving treatment in our clinic have one or more co-occurring diagnoses, and over 50% are homeless.

2. Psychology's role:

Direct clinical service: Involved in assessment and triage of patients and treatment planning, provide group and individual therapy, case manage patients waiting for residential treatment or in IOP program

Administration: Psychologists fill the positions of Director of Addiction Treatment Services (ATS) and Clinical Coordinator of Addiction Consultation and Treatment (ACT). They provide supervision for psychology practicum students. They provide speciality training in substance use disorder treatment. They engage in program development and evaluation. They lead team and case review meetings. They also monitor hospitals' progress on VA Mental Health Performance Measures.

Research: Researchers from the Center for Innovation to Implementation (Ci2i) recruit from ACT's patient population for their studies.

3. Other professionals and trainees:

3 Social Workers (1 Senior Social Worker, Admission coordinator, a contract social worker), 2 Registered Nurses, 2 paraprofessional Addiction Therapists, 1 Psychiatrist (ACT & ATS Medical Director), 1 Recreation Therapist, 1 Health Science Specialist, 1 administrative program specialist, 1 medical clerk, social work interns, psychiatry residents, psychology practicum students, and nursing students

4. Clinical services delivered:

- Group and individual outpatient treatment for veterans who have substance use disorders (including treatment for co-occurring disorders and chronic pain)
- Offering process oriented group therapy and evidence-based interventions including Relapse Prevention, Motivational Interviewing, Emotion Regulation, and Seeking Safety
- Consultation and referral to ATS residential treatment programs **i**ncluding crisis management, referral to community resources, and assessment of acute intoxication and/or withdrawal potential, readiness to change, and relapse/continued use or continued problem potential
- Case management for veterans preparing for residential treatment
- Aftercare for veterans who have completed a residential or outpatient addiction treatment program

5. Fellow's role:

Programs may be designed to include participation in many program components including both clinical and research/administrative activities:

- Clinical Activities

  Outpatient treatment: Facilitating groups, conducting individual screening/assessments, individual and group therapy, crisis intervention and case management, consultation to other services in the hospital (inpatient psychiatry, medical units, OIF/OEF Programs, etc.)

  Aftercare: Facilitating support/process groups
- Research/ Program Evaluation Activities

  Participate in tracking patient demographics, characteristics and outcomes

  Tracking process variables such as admission wait time, possible barriers to accessing treatment, aftercare follow-up, etc.
- Administrative Activities

  Completing administrative/leadership tasks as assigned by Postdoctoral Supervisor and program leadership (including but not limited to staff training, leading team meetings, monitoring Performance Measures, liaison with other hospital programs, program development)

6. Amount/type of supervision:

- Weekly supervision provided by primary supervisor, weekly supervision with other ATS psychologists and psychology trainees, with additional group supervision as part of staff/case review meetings
- Orientations include cognitive-behavioral and interpersonal with special emphasis on multicultural issues. Consultation available from any of the psychologists within ATS as well as psychologists in Mental Health Clinic.

7. Didactics:

Participation in ACT education and training presentations. Past presentations include: Utilization of Cognitive Behavioral Techniques, Treating the African American Client, Psychosocial Rehabilitation, Motivational Interviewing, patient risk assessment, Substance Use Disorders among the Elderly, dual diagnosis, and evolution of mental health and addiction treatment within the VA.

8. Pace:

Timely documentation is expected following significant clinical contact with patients. Assessments must be completed in a timely manner so that case can be presented to the ACT team and referral sources can quickly respond to ACT recommendations. Patients that are waiting for admission to a residential treatment programs have once a week case management contacts.

ACT's mission is the following:

> *"Empowering and instilling hope for veterans with substance use disorders by providing client-focused, comprehensive assessment and a range of treatment modalities in collaboration with an interdisciplinary team and the community at large."*

ACT strives to help veterans with substance use disorders, as well as other mental health diagnoses, to access treatment that is appropriate for the severity of their problems and their readiness for change. We respect the multiple identities and varying circumstances of our patients. ACT providers try to gain an understanding how the many factors at play in the patient's life effect and are affected by their substance use and work collaboratively with the patient on their identified problems and goals. We also respect that people recover from addiction in many ways, and offer many different types of treatment including outpatient group and individual therapy, referral to residential treatment, medication management, self-help, bibliotherapy and web-based guided self-assessment.

The goal of postdoctoral training at ACT is to gain an awareness of the many ways substance use effects the lives of our veterans (psychologically, physically, medically and spiritually), and to gain an understanding the process that veterans go through to change their substance use and other maladaptive behaviors. Using the scientist-practitioner framework, fellows will develop their own "working model" about the etiology and treatment of substance use disorders, and become familiar with the many and varied methods that are used to help individuals recovery from addiction. Fellows become an important part of the interdisciplinary team, and through their clinical and/or administrative duties learn what it means to be a psychologist within a VA Healthcare System. Postdoctoral training in ACT focuses on acquiring knowledge across the many different aspects of the disease of addiction and being able to apply that knowledge to recommend and apply appropriate treatments. Supervision also focuses on patient diversity, professional ethics, career development and awareness of trainees' worldview and interpersonal style and their influence on one's clinical work and professional development. An additional training focus that ACT offers is administration and leadership in provision of outpatient mental health services. Like training at the Homeless Veterans Rehabilitation Program (HVRP), the fellow can be mentored in the areas of organization management, program development, creation of policies and procedures, quality improvement and/or program evaluation. Unlike HVRP, the fellow learns these skills in the context of outpatient mental health services and the circumstances and challenges that differentiate outpatient treatment from the more intensive level of residential care.

Reviewed by: Jennifer Banta, PhD
Date: 7/1/2015

Foundations of Recovery (FOR), Addiction Treatment Services, (520, PAD)
Supervisor: Pearl McGee-Vincent, Psy.D.

1. Patient population:

Male and female veterans seeking assessment and treatment for substance use disorders

FOR provides residential substance use disorder treatment to veterans with moderate to severe substance use disorders (SUDs) and co-occurring mental health and medical conditions. The majority of veterans who present for treatment at FOR are male, ranging in age from 22-70 with the average age of 49, and many have social and occupational impairment (e.g., homelessness). The most common psychiatric co-morbidity is PTSD, diagnosed in approximately 43% of the patients seen in 2013.

2. Psychology's role:

Actively engaged in program development (based on empirically supported methods)
Conducts assessment to include intake assessment and formal psychological testing as needed and short term psychotherapy with patients
Participates in individualized treatment planning
Co-leads process and psycho-educational groups
Consults with the treatment team to address ongoing patient and community issues
Serves a primary supervisory role with psychology interns and practicum students

3. Other professionals and trainees:

1 Psychiatrist (Medical Director), 2 Social Workers (1 Program Manager), 1 Internist, 2 Registered Nurses, 2 Licensed Vocational Nurses, 3 paraprofessional Addiction Therapists, 1 Recreation Therapist, 1 Chaplain, 1 administrative program specialist, social work interns, psychiatry residents, medical students, psychology interns

4. Clinical services delivered:

Milieu treatment including community meetings following a modified therapeutic community model

Psycho-educational skills-building classes including Cognitive Behavioral Coping Skills, Mindfulness Based Relapse Prevention, Community Reinforcement Approach, Seeking Safety, Stress Reduction, Communication, 12-step Facilitation, Motivational Enhancement, and Problem Solving
Individual assessment, crisis intervention, short-term therapy, and psychological testing
Family and couples therapy
Medication management and medical treatment and intervention
Recreational and leisure activities

5. Fellow's role:

Programs may be designed to include participation in many program components including both clinical and research/administrative activities:

Clinical Activities

Conducts admission interviews
Plans individualized treatment
Implements therapeutic community principles
Co-leads community meetings, process/support groups, and psycho-educational groups
Manages the care of a resident to include case management and discharge planning
Documents clinical activities including admission interviews, progress notes, integrated clinical summaries
Administers psychological testing and produces integrated reports.

Research/ Program Evaluation Activities

Participate in tracking patient demographics, characteristics and outcomes
Additional optional activities depend on interests of the fellow (e.g., designing outcome assessments, designing psycho-educational interventions, conducting clinical research, program development, supervisory role)

Administrative Activities

Completing administrative/leadership tasks as assigned by Postdoctoral Supervisor and program leadership (including but not limited to staff training, monitoring Performance Measures, liaison with other hospital programs)

6. Amount/type of supervision:

- At least one hour of weekly supervision provided by primary supervisor, with additional group supervision, twice daily staff meetings, and frequent informal contacts.
- Orientations include cognitive-behavioral and integrative with special emphasis on multicultural issues.

7. Didactics:

Participation in FOR education and training presentations and in training opportunities available through the VA Department of Psychology. Attend weekly Mental Health CME lunches through VA Department of Psychiatry.

Past FOR trainings have included: Boundaries, PTSD, DSM-V, Military Culture, OEF-OIF Veterans, "Does NA/AA Work?", Personality Disorders and Substance Use, Gender and Substance Use, Motivational interviewing

8. Pace:

Timely documentation is expected following significant clinical contact with patients. Assessments must be completed in a timely manner so that case can be presented to the FOR team. Patients that are followed for case management have once a week case management contacts.

The Foundations of Recovery program provides ongoing assessment, recovery planning, psycho-education, and support within a social setting that values personal responsibility, problem-solving, coping skills development and practice, personal relationships, and leisure to veterans new to recovery.

For orientation, FOR fellows may observe experienced staff in various programs (e.g., outpatient clinic, 90-day inpatient, 6- month residential therapeutic community, and day treatment for patients with co-occurring disorders).

By the end of the rotation, a fellow can expect to be familiar with the full continuum of empirically-supported treatment and rehabilitation services for veterans with SUDs of varying severities and co-morbidities. Fellows will become skilled in assessment, short term psychotherapy, and facilitating large and small groups (both process and psycho-educational) , Fellows will also gain the invaluable experience of working in a residential treatment setting, develop an understanding of the design and operation of a milieu, and learn how to work effectively as a member of a multidisciplinary treatment team,. Lastly, they will gain insight into how to manage transference and countertransference often experienced when working with challenging patients such as those who carry a diagnosis of a personality disorder, impulse control disorder, or have had multiple relapses due to the chronicity of their SUD and co-occurring mental health condition.

Reviewed by: David Guldmann, LCSW
Date: 07/27/2015

First Step Program, Domiciliary Service (347-A, MPD)

Supervisors: Timothy Ramsey, Ph.D.
Madhur Kulkarni, Ph.D.

1. Residents:

- Male and female veterans who have significant substance use disorders.
- The majority of incoming veterans are middle-aged men, usually with chronic and severe SUDs, often complicated by histories of social and occupational impairment along with concurrent moderate, though stable, psychiatric and/or medical disorders.

2. Psychology's role:

- Direct clinical service: Participation in all milieu activities, including facilitation of community meetings, case management, psychoeducational skills-building classes (e.g., relapse prevention, 12-Step facilitation, emotion regulation/coping, relationship/communication, cognitive-behavioral skills), recreational and leisure activities, and a weekly aftercare outpatient group. There is opportunity to provide individual psychotherapy with a small number of veterans.
- Administration: Psychologists manage the program, and, along with the other staff, design the community groups and interventions based on empirically supported methods, assess and provide therapy for patients, participate in individualized treatment planning, co-lead psychoeducational groups/classes, and provide consultation and training for staff.
- Research: Development and implementation program assessment and outcome research.

3. Other professionals and trainees:

- Three Psychologists, two half-time Psychiatrists, 1 Social Worker, 1 Registered Nurse, 1 LVN, 1 Nurse Practitioner, 4 Paraprofessional Health Technicians and 4 Addiction Therapists (functioning as peers with the professional staff). Other trainees have includedpredoctoral psychology interns, and practicum students, recreation therapy and social work interns, and chaplain and nursing students.

4. Clinical services delivered:

- Empirically supported cognitive-behavioral techniques in an integrated therapeutic community approach

- Services are delivered in various settings, including milieu meetings, group therapy, skills training classes (e.g., relapse prevention, cognitive restructuring, communication), and individual assessments and interventions

5. Fellow's role:

- Programs may be designed to include participation in many program components, with a recommended balance of 50% clinical activities, and 50% research/administrative activities:
    - Clinical Activities
        - Residential treatment: Facilitating psychoeducational groups and skills training classes (e.g., relapse prevention, 12-Step facilitation, emotion regulation/coping, relationship/communication, cognitive-behavioral skills), , participating in milieu meetings, conducting individual assessments and interventions including individual psychotherapy to a small caseload, serving as mental health consultants to the para-professional staff
        - Aftercare: Facilitating support groups, assisting in developing support systems and managing life problems, vocational counseling
    - Research Activities
        - Participating in ongoing research projects and/or new studies concerning the treatment substance abuse and co-occurring disorders.
    - Administrative Activities
        - Completing administrative/leadership tasks as assigned by the Service Chief or the Clinical Coordinator (e.g. staff training in empirically supported treatments, development of regional and national policy regarding residential rehabilitation treatment).

6. Amount/type of supervision:

- At least one hour of weekly supervision provided by primary supervisor, with additional group supervision, daily staff meetings, and frequent informal contacts.
- Orientations include cognitive-behavioral, psychodynamic, interpersonal, and family systems.

7. Didactics:

- Participation in Domiciliary Service education and training presentations.
    - Past presentations include Teaching of Communication Skills, Utilization of Cognitive Behavioral Techniques, and Motivational Interviewing.

8. Pace:

- Timely documentation is expected following significant clinical contact with residents in the program. Fellows are expected to complete clinical assessments at the time of admission, discharge, and/or integrated clinical summaries prior to treatment reviews.

The treatment program at First Step is organized as a therapeutic community with a cognitive behavioral treatment approach that provides ongoing assessment, recovery planning, psychoeducation, and support within a social setting that values personal responsibility, problem-solving, practice, personal relationships, and play. An ongoing weekly aftercare group is also offered. The program houses a maximum of 30 veterans and each is assigned a case manager at the time of admission. Veterans complete 90 days of residential care and are encouraged to complete 12 weeks of aftercare in order to be considered graduates of the program.

The overall goal of the postdoctoral fellowship experience at First Step is to provide fellows with a variety of experiences in an applied setting, using a scientist-practitioner framework. The fellow will provide some direct service to the veterans in the program and participate in training the paraprofessional staff on recent advances in the area of substance abuse treatment based on evidenced based practices. The fellow is strongly encouraged to assist with program development and research supporting effective residential substance abuse treatment. There are opportunities to observe and practice leading an interdisciplinary team consisting of a psychiatrist, medical staff, a social worker, and several addiction

therapists and health technicians. The fellow will also have an opportunity to be involved in the leadership and decision-making process, participate in strategic planning, attend regional and national conferences and trainings, and network with other professionals to strengthen career opportunities.

Reviewed by: Madhur Kulkarni, Ph.D.; Jeanette Hsu, Ph.D.
Date: 7/13/15; 10/9/15

Homeless Veterans Rehabilitation Program, Domiciliary Service (347-B, MPD)

Supervisory/Psychology Staff:

Rachael Guerra, Ph.D., Assistant Chief
Susan Anderson, Ph.D.
Michelle Skinner, Ph.D.

1. Patient population:

- Male and female veterans who have been homeless for periods ranging from less than one month to over 10 years.
- Nearly 100% have a history of substance use disorders, and 50% are diagnosed with at least one other psychiatric diagnosis (e.g., 30% mood disorder, 15% PTSD or anxiety disorders, 3% non-substance induced psychotic or psychotic spectrum disorders.).

2. Psychology's role:

- Direct clinical service: Participation in all milieu activities, including facilitation of community meetings, group therapy, psychoeducational classes; screenings and admissions; 1:1 assessment; crisis intervention; therapeutic support; treatment planning and consultation with residents; and program evaluation.
- Administration: Psychologist fills the position of Assistant Chief of Domiciliary Service.
- Research: A psychologist has been the principal investigator on every study conducted at HVRP. We have a 50% psychologist dedicated to program evaluation.

3. Other staff and trainees:

- Five social workers (Chief of Domiciliary, Program Manager, one staff social worker/discharge coordinator, two screening and admissions staff), four registered nurses, 6.5 LVN's, two addiction specialists, a recreation therapist, a consulting psychiatrist, and thirteen paraprofessional health or rehabilitation technicians (functioning as peers with the professional staff). In addition to the postdoctoral fellow, trainees may include psychology interns and practicum students, recreation therapy, social work and chaplaincy interns, and nursing students.

4. Clinical services delivered:

- Empirically supported cognitive-behavioral techniques in an integrated CBT-based therapeutic community approach
- Services are delivered in various settings, including milieu meetings, group therapy, skills training classes (e.g., relapse prevention, cognitive restructuring, communication), and individual assessments and interventions

5. Fellow's role:

- Programs may be designed to include participation in many program components, with a recommended balance of 80% clinical activities, and 20% research/administrative activities:
    - Clinical Activities
        - Residential treatment: Facilitating groups and skills training classes, participating in milieu meetings, conducting individual assessments and interventions.

        - Outreach and screening: Informing homeless veterans and service professionals about available services; assessing applicants using a biopsychosocial model
        - Aftercare: Facilitating support groups, assisting in developing support systems and managing life problems, vocational counseling.
    - Research Activities
        - Participating in ongoing research projects and/or new studies concerning the treatment of homelessness, personality disorders, and substance abuse, with attention to the integration of research and outcome data in the clinical treatment of the homeless.
        - Participating in Program Evaluation and conducting data analysis on admission, mid program, end program, and post discharge data collected from the Veterans.
    - Administrative Activities
        - Completing administrative/leadership tasks as assigned by the Service Chief or the Assistant Chief (e.g., analyses of the VERA reimbursement model, staff training in empirically supported treatments, development of regional and national policy regarding residential rehabilitation treatment).
        - Potential opportunity to work with a VACO staff member to learn more about the structure of the overall VA and residential treatment programs as well as leadership building tools, etc.

6. Amount/type of supervision:

- Weekly supervision provided by primary supervisor with additional group supervision and daily staff meeting participation.
- Orientations include cognitive-behavioral, psychodynamic, and interpersonal, with consultation available from any of the four psychologists on staff.

7. Didactics:

- Participation in Domiciliary Service education and training presentations.
    - Past presentations include Teaching of Communication Skills, Utilization of Cognitive Behavioral Techniques, 12-Step Facilitation, STAIR, and Motivational Interviewing.
- The postdoctoral fellow will be responsible for organizing a monthly didactic for Menlo Park Campus staff

8. Pace:

- Timely documentation is expected following significant clinical contact with residents in the program. Fellows are expected to complete clinical assessments at the time of admission, discharge, and/or treatment plans.

The treatment program at HVRP is characterized by the concept of personal responsibility (i.e., "I create what happens to me. My thoughts and behaviors determine whether I end up on the top of heap or the bottom of the heap in any situation"), we maintain faith in the individual's capacity for learning new behavior, we recognize the Veterans' autonomy, and focus on the Veterans'strengths. The program ethic is expressed as "The Five P's": Personal Responsibility, Problem Solving, Practice, People (Affiliation), and Play. A unique aspect of the treatment program is its emphasis on play, which is viewed as a competing reinforcer to drugs and alcohol and as a means to lifestyle change. Residents participate in activities including fishing, rock climbing, rowing, zoo outings, sports teams (e.g., city-league softball and basketball), and holiday, birthday, and graduation parties.. Within the treatment program, individual interventions reinforce and supplement group work (aka, "hallway therapy"). Residents move through three phases of treatment during the typical 6-month inpatient stay. To advance from phase to phase, residents must demonstrate increased proficiency in skills and ongoing practice of those skills in an expanding range of settings. In addition, residents are expected to demonstrate leadership, a willingness to consider feedback from staff and peers, and the application of the personal responsibility concept to

their lives. Graduation from the program occurs with an additional 13 weeks of aftercare treatment and allows the Veteran to become a part of the active Alumni Association.

The overall goal of the postdoctoral fellowship at HVRP is to provide fellows with a variety of experiences in an applied setting, using a scientist-practitioner framework, and stressing the importance of building an effective, comfortable, professional identity. Fellows are encouraged to participate in the full array of treatment approaches, ranging from the traditional (e.g., group therapy) to the nontraditional (e.g., participation on sports teams or program outings). In addition to acquiring and refining clinical skills, objectives for fellows include the following: developing competency as a member of an interdisciplinary team; acquiring a sense of professional responsibility, accountability, and ethics; becoming aware of how one's experience and interpersonal style influence various domains of professional functioning; and developing abilities necessary for continuing professional development.

HVRP's diverse interdisciplinary staffing pattern is unusual for a medical center service insofar as psychologists occupy key administrative positions which allow fellows more direct access--through observation, participation, and supervision--to the processes of organizational behavior management, program development, and policy-making. This allows fellows to receive administrative and clinical leadership training in addition to the clinical training described above. This training will be provided and supervised primarily by the Assistant Chief, Domiciliary Service. Areas of training will include the role of the administrator in the integration of services within the hospital and local community and the negotiation of national and regional policy as well as the internal administrative and program development and maintenance functions. The fellow will have an opportunity to be involved in the leadership and decision-making process of a system which is characterized by an active strategic planning and program change process, a clinically driven computerized medical records system, and a dynamic staff development and negotiation structure.

Reviewed by: Susan Anderson, Ph.D.
Date: 7/10/2015

MASTRY Program (San Jose Outpatient Clinic)
Supervisor: Susan Mirch-Kretschmann, PhD, CPRP

1. **Patient population:** any veteran with substance use problems – at any stage of change. Veterans do not need to say they have a problem to attend.
2. **Psychology's role in the setting:** Coordinates program, consults with GMC and MHC, inpatient staff, other sites
3. **Other professionals and trainees in the setting:** Social worker, recreational therapist, and practicum student(s) are part of program, work closely with GMC staff (physicians, nurses, PCBH psychologist), OEF/OIF/OND case managers (social workers), PCT team, and MHC (social workers, psychiatrists, nurses)
4. **Nature of clinical services delivered:** Treatment modalities include individual therapy, couples therapy, and group therapy.
   Treatment for Substance Use:
   - Substance use assessment (functional analysis of use, history, severity; Motivational Enhancement-normative feedback w/in MI style)
   - Motivational Interviewing
   - Cognitive Behavioral Treatment of Substance Use and Relapse Prevention
   - Community Reinforcement Approach (CRA)
   - Behavioral Couples Therapy for Substance Use Problems
   - Skills Training: assertiveness, anger management, communication, social, work, recreational

   Integrated mental health treatment:
   - CBT for Insomnia
   - Seeking Safety for co-occurring PTSD and SUD
   - CBT (including exposure) for Panic/Agoraphobia/OCD
   - CBT for Delusions/Voices/Paranoia (schizophrenia);
   - CBT for bipolar Disorder; CBT and Behavioral Activation for Depression
   - CBT for Social Anxiety group
   - Crisis management
5. **Fellow's role in the setting:**
   Rotation includes opportunities for:
   - Program development and process improvement
   - Supervision of practicum student
   - Development and presentation of didactics for students and staff on EBPs and research in field
   - Running groups using evidence-based interventions
   - Individual therapy to meet either/both substance use problems and mental health needs of veterans
   - Couples therapy
   - Consultation with GMC, MH staff regarding treatment for substance use
6. **Amount/type of supervision:** Supervision will be minimum of 1 hour per ten hours in rotation; supervision will be tailored to Fellow's needs and learning plan for rotation and will include readings and critical discussions of readings, observation and ratings to fidelity for Fellows who desire to meet fidelity for a treatment and have it documented, opportunity to do ratings and learn coding and fidelity for number of interventions; supervision will be individual and also group (with other trainees) with minimum of one hour individual supervision.
7. **Didactics in the setting:** Weekly; a staff training library is located within the MASTRY program and available to Fellows, MI coding of tapes and feedback available.

8. **Pace:** Purely clinical emphasis can be fast paced, turn-around time is less than a week for documentation. Writing time depends on amount of clinical work and type of work: groups can either be small specialty emphasis and have less time writing (e.g., 15 minutes) or large and involve more writing time (e.g., 30 minutes).

THE SITE: The San Jose Clinic of VAPAHCS is a very large community-based outpatient clinic located less than 30 minutes south of the main hospital. It is a fast-paced clinic that emphasizes team work with the on-site general medicine clinic, specialty medical services, mental health clinic, PTSD clinical team, and our integrated substance use/mental health program (MASTRY - Motivation And Skills To Recover Yourself). It is not unusual to have a "warm hand-off" of a veteran from a physician or mental health treatment coordinator who will drop by with a veteran. The MASTRY Program is an outpatient integrated substance use and mental health treatment program that serves all veterans who have a substance use problem, regardless of their current use, and thus there is an emphasis on motivational interviewing.

THE PHILOSOPHY: We are very person-centered and work with veterans to meet their personal goals regarding their substance use and their life. Our philosophy is borrowed from CRA: "When being sober is more rewarding and happier than drinking or using, you will be sober." This approach to treating substance use has empirical evidence showing strong efficacy. It also means that treatment must address the whole person and we use functional analysis of use to identify alternatives to use/drinking to help the veteran reach their goal (e.g., sleeping better, reduction in anxiety, ability to socialize, handling anger, "numb out" from traumatic thoughts or feelings, etc.). This helps us to plan treatment goals and interventions that include mental health. In addition, it is a non-confrontative program that works on de-stigmatizing behavioral change and helps veterans to develop internal motivation and skills to help them reach their goals. We incorporate the philosophy behind the Skinner quote: "A failure is not always a mistake, it may simply be the best one can do under the circumstances. The real mistake is to stop trying."

THE POPULATION: The program serves an average of 80 unique veterans per month, with a large number of veterans referred for treatment from Veterans Court, which emphasizes treatment over incarceration. We also receive a large number of referrals for returning OEF/OIF/OND veterans. In addition, we receive referrals from all over the VAPAHCS system: inpatient, residential, ER, GMC, MHC. Our veterans almost exclusively have co-occurring mental health disorders and this allows for a unique setting where an inquisitive Fellow can address both substance use disorders as well as mental health issues. Approximately 65% of our veterans have co-occurring PTSD, another 25% have serious mental illness, and 10% are diagnosed with co-occurrence of anxiety or depression.

THE PROGRAM AND LEARNING OPPORTUNITIES: The program is strongly recovery-oriented and evidence-based, uses manuals that are empirically supported, and all who train here will have the opportunity to learn motivational interviewing through readings, practicing skills in didactics, having their tapes coded, receiving feedback, and learning how to code tapes for competency. In addition, a Fellow will learn the interventions for substance use that have empirical support. Many have adherence ratings and a Fellow has the opportunity to learn these and also be rated if they so desire. Finally, readings and discussions are part of the learning process of this program.

In addition to the clinical work, MASTRY is a growing program and opportunities for program development and process improvement are available. Dissemination and implementation opportunities within the site are available and can include training from the mental health clinic, GMC, and other programs.

SUPERVISION STYLE: My supervision style is to focus on the Fellow's needs and her or his learning plan. A self-assessment and learning plan set the stage for planning a meaningful rotation. Supervision experiences can include co-leading groups, watching supervisor lead groups or do motivational interviewing and other interventions, rating supervisor for fidelity (!) as you learn coding, and even giving supervisor feedback on fidelity. Supervisor can also observe the Fellow within daily work as s/he desires and provide on-the-spot feedback or discussion after the intervention. Access to supervisor is very open and can occur throughout day if desired. In addition, more formal supervision includes a curriculum of reference lists for readings, both books and articles, access to DVDs on treatment, and access to a large training library. All readings and DVDs are available within the staff training library located in the MASTRY program or electronically within the program folder. Discussion of the material is included in supervision. Fellows are regarded and treated as intellectual colleagues. They are presented as such to other staff within clinics where we consult, offer services, and train staff.

Reviewed by: Jeanette Hsu, Ph.D.
Date: 10/9/15

Veterans Justice Outreach (347, MPD)
Supervisor: Matthew Stimmel, Ph.D.

1. Patient population:
- Veterans that are involved in the justice system, specifically those in county jails, under the supervision of a court, probation and/or parole or that have frequent interaction with local law enforcement.
- Ages range from recent returnees to geriatric.
- Presenting problems include readjustment to civilian life, mental health disorders/severe mental illness, medical disorders, substance use disorders, homelessness, reentry and transition from jail or prison, and/or domestic violence.

2. Psychology's role:
- Screening for and assessment of mental health/substance use disorders
- Treatment planning, case management and/or linkage to other services
- Liaison between Veteran treatment court teams and VA providers providing care to Veterans involved in these courts.
- Facilitate treatment groups
- Education to local law enforcement, local justice systems, attorneys and community providers in veterans issues (PTSD, SUD, TBI, Domestic Violence) and VHA resources.
- Psychology is present in the jails, in court and at meetings of local community legal partners (e.g., community providers, law enforcement, attorneys, courts and other justice system staff)
- Program development and evaluation
- Research collaboration with VA research programs (e.g. Ci2i; HSR&D)
- Provide training in evidence-based practices to staff and trainees.

3. Other professionals and trainees:
- VJO works closely with all other programs within the Domiciliary Service as well as ACT/ATS, FOR, TRP, and other VAPAHCS clinics (e.g. San Jose and Monterey CBOCs)Psychologists, social workers, nurses, psychiatrists and paraprofessionals deliver services in all these programs and each program has a number of social work, psychology, psychiatry and nursing trainees. There are clinical training opportunities available to a VJO trainee in these programs as well under the supervision of Dr. Stimmel.

4. Clinical services delivered:

- Outreach to local County Jails doing screenings and assessments for tx planning, doing assessments for direct entry from incarceration to residential treatment in the jail, helping with re-entry planning which includes housing, benefits and making needed appointments, and using motivational interviewing to engage patients in considering change and treatment.
- Case presentation of assessments to weekly ACT/ATS consultation calls
- Outreach to Veterans Courts which includes attending court treatment team meetings and court, doing screening and assessments at the court house, doing assessments for admission to residential treatment programs either at the court house or at the Dom; using motivational interviewing to engage Veterans in considering change and treatment, facilitating Veterans' use of self-help materials and resources to support recovery; and providing organizational and educational support for courts still in development.
- Case management for patients we encounter during outreach as needed
- Offering motivational enhancement to homeless veterans who are referred to use by local police departments (in office and over the phone in a structured way).
- Group therapy: Moral Reconation Therapy to help veterans with long histories of prison or incarcerations or history of criminal/antisocial behaviors (personality disorder) reintegrate into society. This group is offered both in outpatient, as well as on the TRP and is co-led with other VJO specialists. May also have opportunity to co-lead MRT groups for MRT research study at HVRP. Other group therapy options may be developed depending on area of interest and availability of supervisor.
- Provide presentations to community (community providers, law enforcement, attorneys, courts and other justice system staff) on Veteran issues and VHA services.
- Possible individual therapy depending on area of interest and client need

5. Fellow's role:

- This rotation can be done as a Minor rotation.
- The trainee's role is very flexible.
- All clinical activities above are available, but the specifics of what the trainee will do will depend on the trainee's schedule, what opportunities are available on the particular days the trainee does the rotation and the trainee's training goals.
- There are ample opportunities for program development and ongoing program evaluation that the trainee can participate in. The rotation is also open for development of new program evaluation as data needs are identified.
- There is additional opportunity for research focused on Veterans justice programs in collaboration with other VA research bodies (e.g., Ci2i, HSR&D).

6. Amount/type of supervision:

- ½ hour per week for minor rotation
- As needed for case presentations to Addiction Consultation and Treatment Team when completing assessment for Veterans to enter residential tx.

7. Didactics:

- Participation in Domiciliary Service education and training presentations.
    - Past presentations include Teaching of Communication Skills, Utilization of Cognitive Behavioral Techniques, and Motivational Interviewing.
- Didactics also available during optional group supervision
- Because VJO is a newer VA initiative, VJO providers and trainees get access to didactics in the community. Past opportunities have included training in the treatment of Domestic Violence, Re-entry planning workshop done by the National GAINS center, Moral Reconation Therapy, and CBT for correctional populations.

8. Pace:

- The clinical work in this rotation is fast-paced.

- Best suited to trainees that take initiative, think creatively, are flexible and are open to doing the work of a psychologist in non-traditional settings.
- If involved in Court and/or jail outreach or in the community educational components of the rotation, travel is required.

Veterans Justice Outreach is an exciting program in VHA and is a critical part of the VA's plan to end homelessness among Veterans. Justice-involved veterans are at particular risk for homelessness and also struggle with a myriad of other clinical issues, both of which increase risk of recidivism. Engaging these veteran in treatment to divert them from jail, when deemed appropriate by the legal system, and helping them reintegrate into our communities is one of the ways VA honors their service to our Country.

On this rotation, training focuses mostly on assessment and motivational interviewing, but other evidence based practices including CBT, Seeking Safety, MBRP, DBT and CPT are other potential areas of training focus. Dr. Stimmel is also trained in Moral Reconation Therapy (MRT), which is an evidenced based CBT treatment for correction populations.

In addition to the clinical foci described above, this rotation provides an excellent and unique opportunity to interface with virtually every VAPAHCS program and clinic, as well as with the national network of VJO specialists, and other Bay Area VA health care systems (e.g., SFVA and Norther California). It provides the potential to pursue a true hybrid of clinical, research and administrative interests, and provides the unique opportunity for frequent engagement with the broader treatment and legal community. Furthermore, research on Veterans Justice Programs is in its early stages, providing ample opportunity to purse collaboration both within existing program development and evaluation projects and with national Veterans justice program data sets.

Providing culturally-competent treatment is also a very important part of this rotation and multicultural issues are emphasized in supervision. Dr. Stimmel’s approach to supervision depends some on the level of skill the trainee exhibits, but is generally collaborative and focused on the trainees training goals. He considers it the responsibility of the trainee to develop training goals for the rotation with input from himself and to share in supervision how he/she is progressing on those goals. Trainees are encouraged to participate in any and all aspects of the VJO position, and can craft a training plan that shifts focus over the course of the year (e.g., beginning with jail outreach and then shifting to research or participation in Veterans treatment courts). Dr, Stimmel welcomes regular feedback on how he might facilitate the trainee's goals and what is needed from him to insure learning and skill acquisition. If a trainee chooses to travel with Dr. Stimmel for outreach, the vast majority of supervision is live in those settings.

Reviewed by: Matthew Stimmel, Ph.D.
Date: 7/23/15

Health Services Research & Development
Center for Innovation to Implementation (Ci2i, Building 324, MPD)
Supervisor(s): **Daniel Blonigen, Ph.D.**
Marcel Bonn-Miller, Ph.D.
Ruth Cronkite, Ph.D.
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1. **Patient population**: Veterans enrolled in the VA and receiving a wide variety of care including primary care, specialty mental health care (e.g., substance abuse treatment and chronic disease management), and Veterans enrolled in research studies.
2. **Psychology's role**: Ci2i researchers, many of whom are psychologists, play a critical role in development, dissemination, delivery, implementation, and evaluation of clinical services. At Ci2i, psychologists conceive and answer important questions about outcomes, quality, and costs of publicly funded mental health services.
3. **Other professionals and trainees**: The Ci2i community includes a variety of experts in health services research areas, including health economics, epidemiology, public health, medical sociology, and biostatistics.
4. **Nature of clinical services delivered**: No direct clinical services are provided.
5. **Fellow's role**: In consultation with a research mentor, interns develop and implement a research project related to one of the Center's several ongoing studies. Over the course of the rotation, fellows are expected to develop a report of their project that is suitable for presentation at a scientific conference and/or publication in a peer-reviewed journal.
6. **Amount/type of supervision**: One or two research mentors are assigned to each intern. Supervision will be as needed, typically involving several face-to-face meetings per week.
7. **Didactics:** The Center sponsors a weekly forum on a variety of relevant health services research topics; attendance is required. The research mentor and fellow may choose to incorporate additional seminars, e.g., Grand Rounds, presentations at Stanford, study groups, etc. The intern and mentor will determine readings relevant to the chosen research project and areas of interest.
8. **Pace**: The goal of completing a research project from conception to write up within six months requires skillful time management. Rotation supervisors help the fellow develop a rotation plan. Fellows at Ci2i benefit from a coherent rotation focus with minimal additional requirements.

The HSR&D rotation offers fellows ongoing professional development as clinical researchers within the context of a national center of research excellence. The Center for Innovation to Implementation (Ci2i) is one of the VA Health Services Research and Development Service's (HSR&D) national network of research centers. Ci2i is also affiliated with the Stanford University School of Medicine. Ci2i's mission is to conduct and disseminate health services research that results in more effective and cost-effective care for veterans and for the nation's population as a whole. We work to develop an integrated body of knowledge about health care and to help the VA and the broader health care community plan and adapt to changes associated with health care reform. One main focus of the Center is on individuals with psychiatric and substance use disorders. Secondary foci of direct interest to fellows include the organization and delivery of mental health treatment services, the costs of care, and clinical practice guidelines.

Fellows at Ci2i become involved in activities designed to improve their ability to conduct and interpret health services research. The organizational philosophy at the Center is strongly emphasized in its fellowship rotation: We believe that a collaborative, clear, and supportive work environment

contributes to professional development and training outcomes. Fellows are expected to attend presentations that are relevant to the field, read research articles related to their research topic, and generally participate in the intellectual life of the Center. Fellows may receive training in a range of research skills, including quantitative and/or qualitative methods, assessment, statistics, data management, and statistical programs such as SPSS and SAS. Fellows may also receive mentoring on professional development issues, e.g., integrating clinical practice experiences and knowledge into conceptualization of health services research questions, clarifying their own research interests and goals, applying for research-related jobs, scientific writing, grant proposal writing, project administration, publishing, presenting at professional meetings. This rotation may be particularly useful for fellows who are planning academic/research careers or are preparing for administrative/clinical roles in which understanding and conducting health services research (e.g., program evaluation) is a major professional activity. Goals for the HSR&D fellowship rotation include the following:

- *Fellows will participate in an effective research-oriented work environment*. The Center's organizational culture is both interpersonally supportive and intellectually stimulating. In the fellowship rotation, this culture includes encouraging and modeling effective professional communication, establishing collegial mentorship relationships between supervisors and fellows, encouraging collaboration rather than competition, providing clear expectations and role descriptions, helping fellows acquire skills, and supporting the fellow in defining and achieving their own training goals.
- *Fellows will be able to ask effective health services research questions* by integrating clinical practice experiences into conceptualization of health services research questions, analyzing and understanding relevant research literatures, and connecting health services research questions with important VA and non-VA health care policy and services issues.
- *Fellows will develop as professional health science researchers* by clarifying their own health science research interests, developing collaborative communication skills within interdisciplinary clinical research settings, seeking consultation when appropriate, defining and achieving their own professional goals, and functioning as a productive member of an intellectual community. Fellows should be able to attend to issues of race and culture in research conceptualization and implementation, including understanding the influence of one's own racial/ethnic background and those of research participants.
- *Fellows will acquire relevant research competencies,* including selecting and employing appropriate quantitative and/or qualitative data analytic methods, selecting or designing valid and reliable instruments, completing presentations suitable for presentation at a professional conference/submission to a professional journal, and/or understanding the basic mechanics of grant proposal writing and project management.

Recent and ongoing studies and other archival datasets at Ci2i:

Understanding Women Veterans Experience of Primary Care
Violence Prevention for SUD Patients
12-Step/Cognitive-Behavioral Comparison and Follow-up
Cannabis Use Disorder Treatment Barriers/Supports Among Those with PTSD
Clinical Practice Guidelines Implementation
Community Residential Facilities Evaluation
Components of Effective Treatments for Dually Diagnosed Patients
Continuity in Substance Abuse Care
Cost of VA Research Administration
Depression Treatment Outcome
Effectiveness of Neonatal Intensive Care
Exclusion Criteria in Alcoholism Treatment Research
Facilitating Substance Abuse Patients' Self Help Participation

Hospital Organization/Demand for Services
Impact of PTSD on Marijuana Use Treatment Outcome
Improvement of Substance Use Disorder Care
Justice-involved Veterans and mental health treatment engagement
Long-term health outcomes among depressed patients and community controls
Meta-Analysis of Alcoholism Treatment Outcome
Outcomes of Opioid Dependence Treatment
Parental Depression and Alcohol Abuse
Patient Outings in Hospital v. Community Based SUD Treatment Programs
Patient-Treatment Matching for Dual Diagnosis Patients
Personality Assessment and Substance Use Disorder Treatment Processes and Outcomes
Problem Drinking Among Older Adults
PTSD and Health Among VA Primary Care Patients
Rehabilitation Costs
Self-Help & Mutual Support Groups
Substance Abuse and Psychiatric Programs' Structure and Treatment Process
Substance Abuse Outcomes/Addiction Severity Index Data
Substance Abuse Patients' Utilization and Substance Abuse Program Budgeting
System for Monitoring Substance Abuse Outcomes and Care
Telephone Case Monitoring for Veterans with PTSD
Telephone Intervention for Smoking Cessation
Treated/Untreated Problem Drinkers
Utilization of Care and Clinical Outcomes of PTSD Patients

Further information on the Center's activities is available by request, and on the website at www.chce.research.va.gov.

Reviewed by: Daniel M. Blonigen, Ph.D.
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